•			and the second s
. 5	PLACE OF BIRTH		v .
् १ ७	1. County of Sila	ARIZONA STATE BOA	ARD OF HEALTH
	District of	BUREAU OF VITAL STATISTICS	122
4	Town of	ORIGINAL CERTIFICATE OF BIRTH	State Index No. 132
1	or 411	12 12 11 11	County Registrar No. 2.8
•	City of	(16 high many dis	CI
	2 Full man of All	(If birth occurred in a hospital or institution, give	Lif child is not set manual
	2. Full name of child		supplemental report, as directed
÷	made To be answered ONLY in event of plural births.	5. No., in order of birth	7. Date of birth 2 D 27
<i>i</i>	s. FATHER	14.	MOTHER
n a	Full name Johnnie	Jones Full maiden name	Jultio Ruceras
FURN ,	9. Residence (Usual place of abode)	15. Residence (Usual place of a	bode)
	If nonresident, give place and state	If nonresident, give p	lace and state
The state of the s	10. Color or race Colored 11. Age at last	birthday 27 (Years) Color or race	17. Age at last birthday 26 (Years)
- H	12. Birthplace (city or place)	be, ary 18. Birthplace (city or p	olace) Ft. aparlo
§ }		(State or country)	<u> </u>
	13. Occupation Nature of industry Label	19. Occupation Nature of industry	1 truservito
• \	20. Number of children of this mother	a) Born alive and now living	
	(Taken as of time of birth of child herein (b) Born alive but now dead	neonatorum?
	CERTIFICA	TE OF ATTENDING DUVISIONAL OF THE	WIFE+
	I hereby certify that I attended the birth of	this child, who was Son allow (Born alive or stillborn.)	at 2.40 Am. on the date above stated.
	When there was no attending physician midwife, then the father, householder, et should make this return. A stillborn chi	Signature 5, E. W.	Chran
	covidences of life after birth.	Address Slobe arilona	(Physician or midwife)
è	a supplemental report Month, day, year	2/28	Local Registrar.
	Registrar.	Filed	County Registrar,
,		912 - 712 00	Owner, screening,

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